

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL051002</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/12/2016</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**AUTUMN HOME CARE OF JOHNSTON COUNT** **474 JERRY ROAD**  
**SELMA, NC 27576**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  This is a Report of a Biennial Construction Survey conducted by Greg Cates and Billy Bryant on February 12, 2016.  Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about August 1, 1984 for Twelve (12) Beds. Based on the above information, the facility is required to meet the 1984 Minimum Standards and Regulations for Homes for the Aged; the applicable portions of the 2005 North Carolina Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Revision 10.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

*ADMINISTRATOR*

(X6) DATE

*3/11/2016*

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NAME OF PROVIDER OR SUPPLIER  AUTUMN HOME CARE OF JOHNSTON COUNT		STREET ADDRESS, CITY, STATE, ZIP CODE 474 JERRY ROAD SELMA, NC 27576		
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C 101	Continued From page 1 ensure that the walls of the corridor have a Class A finish rating. This deficiency may affect all persons in the evacuation of the facility during an emergency.  Findings include: <div style="border: 1px solid black; padding: 2px;">a- The corridor has a plywood wainscoting.</div>	C 101	REMOVED PLYWOOD WAINSCOTING FROM CORRIDOR WALLS, FINISHED AND PAINTED SHEETROCK.	3/21/16
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building and furnishings clean and in good repair.  Findings include: <div style="border: 1px solid black; padding: 2px;">a- The carpet in the Living Room appears to be stained.</div>	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and	C 166	SHAMPOOED CARPET AND REPLACED CARPET SQUARES WHERE NEEDED.	3/25/16

*[Signature]*

ADMINISTRATOR

3/11/2016.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**AUTUMN HOME CARE OF JOHNSTON COUNT**

**474 JERRY ROAD  
SELMA, NC 27576**

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C 166	Continued From page 2  orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards by storing equipment in the hallways near the EXITS. This could affect all persons who may need to evacuate the facility during an emergency.  Findings include: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">a- A standby generator is being stored in the corridor approximately 6 feet from the EXIT door.</div>	C 166		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.	C 189	→ REMOVED GENERATOR TO OUTSIDE STORAGE	2/12/16

*[Handwritten Signature]* 3/11/2016

W. W. W. 3/11/2016

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C 195	Continued From page 4  ensure that the water temperature is being maintained between 100 and 116 degrees Fahrenheit. This affects all residents by not providing hot water.  Findings include:  a- The water temperature in the bathing and shower rooms registered at 94 degrees Fahrenheit.	C 195	REPLACED WITH NEW 80 GALLON HOT WATER HEATER. COPY OF BILL ATTACHED FOR \$2,396. <sup>00</sup> PAID.	2/17/16
<p>MY STAFF AND I WILL CONTINUALLY MONITOR ALL AREAS FOR PROBLEMS AND MAKE CORRECTIONS. / (TD)</p>				

DO Webb 3/11/2016

# WARREN'S PLUMBING

PO BOX 227  
MICRO, NC 27555

(919) 965-4600

CHARLES F. WARREN II (CHUCK)

Customer's Order No.		Date	
Name		Address	
Address		Phone	
SOLD BY	CASH	C.O.D.	CHEARGE
ON ACCT.	MASS: RETD:	PAID OUT	
QUAN.	DESCRIPTION	PRICE	AMOUNT
	Install		
	80 water		
	part	2146	
	labor	250.00	
		2396.00	
Received By		TAX	
		TOTAL	2396.00

\$ 2396.00 Thank You